Singing Through the Change

Troy Children’s Chorus is offering classes this summer for male, nonbinary, and trans singers in grades 6-12 who are, or will be, dealing with changing voice. The singers will learn about the physical changes that cause the voice to deepen and strategies to successfully continue singing as this change occurs.

Class will meet Tuesdays 4:30-5:45 at the First United Presbyterian Church, 1917 5th Ave, Troy, NY 12180. Class dates are 6/27, 7/5 (Wed), 7/12, 7/26, and 8/2. The cost is $90 ($50 sibling).

This class is open to all regardless of experience. Come join us!

Student Name: __________________________________________        Grade: __________
Parent name:____________________________________________
Email: ____________________________________       Phone #: ____________________

Registration form may be emailed to troyccdirector@gmail.com or brought to class. If you’re going to bring it to class, please send me a quick email to let me know that you’ll be coming.

Please bring the $90.00 registration fee to the first class. Checks should be made out to Troy Children’s Chorus.

Financial Aid is available, please check here if you would like an application. _____

New students must fill out the attached medical release form.

Picture Use Permission:
I give Troy Children’s Chorus permission to include photos/videos of my child for promotional use, including but not limited to the chorus website, and informational brochures.

________________________________________
Parent/Guardian Signature
Troy Children’s Chorus
In residence at First United Presbyterian Church

**Medical Release Form**
(One form per child)

Please Print:

Name of Child: ________________________________________________________________

Date of Birth: ________________________________________________________________

Address: ____________________________________________________________________

City: ________________________ State: _______________ Zip: ______________________

Parent/Guardian Name(s): ______________________________________________________

Address (if different from child): ______________________________________________

City: ________________________ State: _______________ Zip: ______________________

Phone 1: ____________________ Phone 2: ____________________

**Emergency Contact Person (if different from above):**

Name: ________________________________________________________________

Phone 1: ____________________ Phone 2: ____________________

Do you have health insurance? Yes No

Name of Insurance Company: ________________________________________________

Policy Number: _____________________________________________________________

Group Number: _____________________________________________________________

In whose name is the insurance? _____________________________________________

Family Doctor: ____________________ Phone: ____________________

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at any activity.
**Health History:** Circle and explain any pre-existing or present medical conditions, i.e.:

Diabetes, asthma, motion sickness, physical disability, frequent colds, emotional/behavioral disability, sleep disturbances, stomach aches, seizure disorders, appliances (contact lenses, retainers, etc.)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Please list any allergies:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Troy Children’s Chorus does not administer medications of any kind.

If your child should require medical attentions for injuries received or illnesses contracted before any activity, please send us the necessary information to give him/her proper medical care during his/her time at choir.

I understand that in the event that medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in an emergency during Troy Children’s Chorus, I hereby give my permission to the physician, dentist, or licensed nurse selected by First United Presbyterian Church to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First United Presbyterian Church through its accident policy will be used as a backup for what my family’s insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by First United Presbyterian Church and the staff of Troy Children’s Chorus during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First United Presbyterian Church or the Troy Children’s Chorus, its leaders, employees, and volunteer staff liable for damages, losses, diseases, including Covid-19, or injuries incurred by the subject of this form.

__________________________________________________________________________________________

Parent/Guardian Signature

Date

***Please submit this completed form to the director of Troy Children’s Chorus***

***No child can be admitted without a completed Medical Release Form***